

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101586374

7.16.06

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3			1			
4						
5						
6	1					
7						
8						
9						
10						
11						
12	1		1			
13						
14						
15						
16	1		1			
17						
18						
19	1					
20						
21						
22						
23	1					
24						
25						
26			1			
27						
28						
29						
30						
31			1			
32						
33						
34						
35	1		1			
36						
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47						
48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			13			
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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